

FILED APR 22 1942  
Registration District No. 2034

Primary Registration District No. 2013

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Cameron  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Anna Stock

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Herman 6. (c) Age of husband or wife if Dead \_\_\_\_\_ years

7. Birth date of deceased February 14, 1857  
(Month) (Day) (Year)

8. AGE: Years 85 Months -- Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Caldwell County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Thomas Riordan

13. Birthplace Limrick Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Cooney

15. Birthplace Limrick Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. B. O'Saughlin

(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof 3-9-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Cameron, Mo.

18. (a) Signature of funeral director W. Moore

(b) Address Cameron Mo.

19. (a) Mar. 9, 1942 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Clinton 025  
(a) State (b) County  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. North Chestnut  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6  
year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 10 to 12 March 1942  
that I last saw her alive on March 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Durdion Y.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of work) (e) Manner of injury \_\_\_\_\_  
23. Signature W. Moore (M. D. or other) \_\_\_\_\_  
Address Cameron Mo. Date signed 3/9/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1086

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W Moore*

Licensed Embalmer No.....

*1180*

P. O. Address.....

*Camden, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**